



PROVIDER REPORT FORM

INSTRUCTIONS: Please complete this form in as much detail as possible to report a concern with a health plan. As part of our ongoing oversight of all California health plans, these provider reports will be monitored by the Department of Managed Health Care to identify systemic problems and take appropriate action.

If you are reporting a concern that involves a disruption of health care or services for a patient, please contact our HMO Help Center immediately at 1-888-HMO-2219.

PROVIDER INFORMATION

Legal Name of Provider: _____

Street Address of Provider: _____

City: _____ State: _____ Zip: _____

HEALTH PLAN INFORMATION

Please identify the health plan(s) that is/are involved.

Do you have an existing contract with the health plan(s)? _____ Yes _____ No

Please identify the name and address of any medical group(s) involved.

Name	Address
_____	_____
_____	_____
_____	_____

Do you have an existing contract with the medical group(s)? _____ Yes _____ No



REPORTED PROBLEM

Does this report pertain to problem(s) with claims payments for services provided? If yes, please indicate the specific concern:

- ☐ No response to claims submitted
- ☐ Inadequate payment
- ☐ Payment denied
- ☐ Failure to pay interest
- ☐ Delay in processing claims
- ☐ Bankruptcy/provider group closure
- ☐ Other (please identify)

Approximate timeframe(s) of services rendered:

If your concern is not related to claims payment, please describe the problem that you are reporting:

Have you contacted the health plan(s) about your concerns? ☐ Yes ☐ No

Please describe the response you received from the health plan(s):

Please mail or fax your completed Provider Report Form to:

Department of Managed Health Care
Attention: HMO Help Center/Provider Desk
980 9th Street, Suite 500
Sacramento, CA 95814
Fax: 916-229-0465

Submission of this form to the Department is not a substitute for any legal recourse you may have against the entity from whom you seek payment. If you have not done so, you may wish to pursue other remedies that may be available to you.